MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
FILING DATE

APPLICANT(S) 10/364511

CLAIMS

	AS FILED		AFTER 1ª AMENDMENT		AFTER 2ª AMENDMENT			AS FILED		AFTER 1ª AMENDMENT		AFTER 2ª AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1					53						
4		1					54						
5		1					55						
6		1					56						
7		1					57						
8	1						58						
9		1					59						
10	1						60						
11							61						
12	1						62						
13		1					63						
14		1					64						
15							65						
16		1					66						
17		1					67						
18	1						68						
19		1					69						
20		2					70						
21							71						
22		1					72						
23		1					73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	7						TOTAL IND.						
TOTAL DEP.	17						TOTAL DEP.						
TOTAL CLAIMS	24						TOTAL CLAIMS						

PTO - 1360 (REV. 11/84)

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